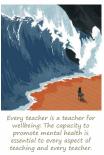


SOUTH DAKOTA



STUDENT MENTAL HEALTH OVERVIEW



• A SILENT EPIDEMIC: Public schools are serving millions of students with mental health concerns.

• THE IMPORTANCE OF MENTAL HEALTH: The physical and emotional well being of our children affects all of us.

• ONE IN FIVE YOUTH living in the U.S. shows signs or symptoms of a mental health disorder.

 NEARLY 80 PERCENT of children who need mental health services, are not able to get professional help.

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STUDENT MENTAL HEALTH OVERVIEW

- SCHOOLS provide a unique opportunity to identify and provide support in the areas of mental health by serving students where they already are.
- SCHOOL PERSONNEL play an important role in identifying the early warning signs of an emerging mental health condition and in connecting students with effective services and supports.
- SCHOOLS are the most common settings where youth who have mental health disorders receive services.



Data taken from SAMHSA Annual National Report (2017): Reasons for Not Receiving Mental Health Services in the Past Year among Adults Age 18 or Older (Any Mental Illness v. Serious Mental Illness)

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STUDENT MENTAL HEALTH OVERVIEW

In South Dakota:

- Individuals with schizophrenia: 7,000
- · Individuals with severe bipolar disorder: 14,000

Like every state in the nation, South Dakota incarcerates more individuals with severe mental illness than it hospitalizes.

Likelihood of incarceration vs. hospitalization for persons with severe mental illness is 2.4 to 1

The number of distressed young people is on the rise.

 About 30% of girls and 20% of boys, totaling 6.3 million teens, have had an anxiety disorder, according to data from the National Institute of Mental Health.



7,000 - children qualified for help but were not receiving services.

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STUDENT MENTAL HEALTH OVERVIEW



THE FINDINGS WERE FIRST PUBLISHED IN THE AMERICAN PSYCHOLOGICAL ASSOCIATION'S (APA) JOURNAL OF PERSONALITY AND SOCIAL PSYCHOLOGY.

ANXIETY IN CHILDREN HAS INCREASED SUBSTANTIALLY SINCE THE 1950'S.

- ANXIETY LEVELS significantly increased between the years of 1952 and 1993, providing more evidence for what some authors have called "The Age of Anxiety."
- DIAGNOSES OF DEPRESSION will continue to tends to predispose people to depression.
- **ALCOHOL AND DRUG ABUSE** will continue to be an increasing problem too, because anxiety usually precedes the onset of substance abuse.

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STUDENT MENTAL HEALTH OVERVIEW

- MAJOR DEPRESSIVE DISORDER
 Persistent and intense feelings of sadness for extended periods of time.
- The rate of adolescents experiencing major depression surged nearly 40 percent from 2005 to 2014, according to a study by researchers at the Johns Hopkins University School of Medicine.
- $^{\bullet}\,$ In 2017, 3.2 million youth between the ages of 12 to 17 experienced a Major Depressive Episode.
- · In South Dakota, 58.9% of youth with major depression do not receive any mental health treatment.
- · 6 out of 10 young people in South Dakota who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.





STUDENT MENTAL HEALTH OVERVIEW



You don't want to wait until a child has missed five days of school because his anxiety is so bad that he can't get on the school bus. That is a red flag.

Instead: Look for the 'pink' flags... meaning if a child starts to chew on his shirt a little bit when you say, 'tomorrow is school, you may want to consider this an early warning sign of something going wrong.

20% of children are exposed to domestic violence in the home. While such violence often takes place outside of school, its repercussions resonate in the classroom. Children act out because they are completely powerless at home.

A child's brain is sticky. "Whatever we throw, it sticks. That's why they can learn Spanish in six months when it takes adults years. This is also why if children are exposed to community violence, or domestic violence, it really sticks."

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SUICIDE AND SELF-HARMING



SELF-INJURY: Occurs when someone intentionally and repeatedly harms herself/himself in a way that is impulsive and not intended to be lethal.

- Skin cutting (70-90%)
 Head banging or hitting (21%-44%)
 Burning (15%-35%)
- Rates are higher among adolescents, with approximately 15% of teens reporting some form of self-injury.
- At most risk are people who have experienced trauma, neglect or abuse.
- Self-harm is a symptom of emotional pain

"She didn't ask why, she didn't freak out, she just asked what she could do to help. That was the exact right thing to do."

The best response is first to validate feelings. Don't get angry or talk about taking away computers: "Say, I'm sorry you're in pain. I'm here for you."

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SUICIDE AND SELF-HARMING



Research shows that

talking to someone at risk actually

reduces the chances of them taking their own life. Suicide is the second leading cause of death in people 15 to 34 years of age and third leading cause of death in children aged 10 to 14.

- According to the CDC, the suicide rate among boys ages 15 to 19 has increased by nearly a third (2007 and 2015); among girls the suicide rate more than doubled.
- Rate of suicide for South Dakotans age 15-24 is the 3rd highest in the U.S.
- South Dakota suicides are highest for youth, more than double the national rate.
- Adolescents in rural areas are more likely to die by suicide than those in urban regions.
- In 2015, 25% of South Dakota high school students reported feeling sad or hopeless.
- South Dakota counties in the highest tier include Corson County which ranked 2nd highest in the United states and Todd County ranked 6th.

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SUICIDE AND SELF-HARMING

If you don't hear what an extrovert is saying, you're not listening.

you're not listening.

If you don't hear what
an introvert is saying,
you didn't ask.

"During all this time, she says, not a single principal or teacher or counselor ever asked her one simple question: "What's wrong?" If someone had asked, she says, she wayld have tald them."

In South Dakota, the rate of suicide for youth is the 3rd highest in the

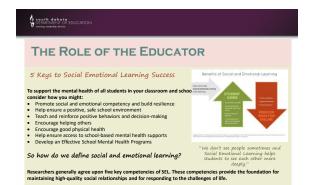
- Rural Areas: Alaska, Wyoming, Montana, Utah
- 28 per 100,000 compared to national average of 9 per 100,000
- For all ages, South Dakota ranks 9th in the nation

American Indian youth ages 15-24 die by suicide at a rate of four times the overall rate for this age group.

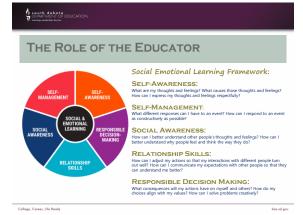
- Multiple suicides within a social group or small community in a short time.
- Historical Trauma, poverty, unemployment, need for more resources and supports that strengthen communities and further the commitment to tribal customs and traditional lifestyles.

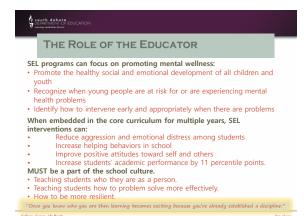
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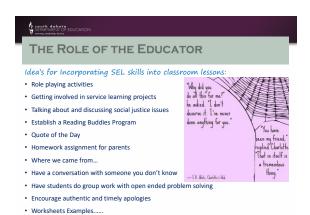
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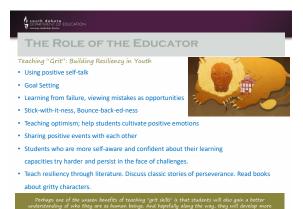


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THE ROLE OF THE EDUCATOR

Some of the most common issues you may have witnessed as "first responders" include:

- relationship disappointments or conflicts
- · family issues
- · test or performance anxiety
- general academic stress
- procrastination • panic attacks
- social isolation · mild to severe depression
- cutting and other forms of self-injury
- suicidal thoughts, plans, and/or action



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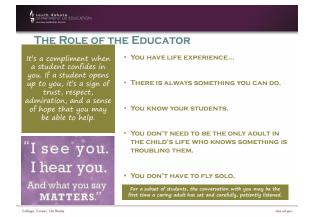
THE ROLE OF THE EDUCATOR

TEACHERS AS FIRST RESPONDERS:

- When a student shows signs of trouble, first step is to talk with them.
- · That conversation will dictate what happens next.
- Referral or consultation with specialist staff: Nurse, school counselor, social worker, school psychologist. Depending on the resources available at the school.
- Contact with parent/guardian, developing family
 connections
- · If the threat is imminent: contact emergency services.
- The South Dakota Department of Social Services website has contact information for child and family mental health services.









THE ROLE OF THE EDUCATOR

Final Thoughts....

- We teach students how to detect the signs of cancer and how to avoid accidents, but we don't teach them how to recognize the symptoms of mental illness. It's a shame because, like cancer, mental health treatment is much more effective if the disease is caught early! Dustin Verga, a high school health teacher in clifton, New York.
- Restore stability to a child's brain health.
- Recognize the signs.
- Provide the support for parents and families to reduce dysregulation
- Provide the right supports and interventions early on.
- Most potential mental health concerns will not become mental health issues if we respond to them early.
- It's about learning who your students are, finding their interests, helping them to see their purpose, accepting and celebrating their uniqueness.

If we know how to reach out to students, we can be a major source of support and guidance in their life; someone that the student knows they can go to just to talk, to feel supported, to feel safe, to be listened to and to be encouraged.

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- Questions?
- Feel Free to Contact the Center for Disabilities:

Tova Eggerstedt, MS, LSC

Behavioral Specialist - Center for Disabilities Instructor, Department of Pediatrics 1400 West 22nd St. | Sioux Falls, SD 57105 P 605.357.1430 | F 605.357.1438 Email: Tova.Eggerstedt@usd.edu

Kristine Bollig, MS

Behavioral Specialist - Center for Disabilities Instructor, Department of Pediatrics 1400 West 22nd St. | Sioux Falls, SD 57105 P 605.357.1436 | F 605.357.1438

Email: Kristine.Bollig@usd.edu

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the annaliest act of caring, all of which have the potential to turn a life around.

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Legislative Updates

• Find legislative updates by subject at:

http://www.sdlegislature.gov/

• Look at subject areas, such as:

- Education and/or

- Disability

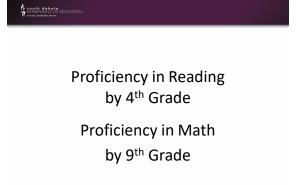












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DEPARTMENT OF EDUCATION **Winter Assessment Workshops** Winter assessment workshop locations and dates have been finalized. • 1-29-19 Fort Pierre Drifters Bar and Grille • 1-31-19 Watertown Lake Area Tech • 2-6-19 Sioux Falls Ramkota Hotel • 2-7-19 Sioux Falls Ramkota Hotel • 2-12-19 Rapid City Western Dakota Tech • 2-13-19 Rapid City Western Dakota Tech • Register through GoSignMeUp

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ELA Reading Passages Aloud

(Text-to-Speech or Read Aloud)

- · For Smarter Balanced Assessment
- · Form that needs to be filled out and sent in
 - Need original copies
 - All boxes must be checked
 - · Including student having a print disability
 - Explanation box must include information as to why the student needs the passages aloud
 - Shouldn't be because the student is below grade level for reading
 - https://doe.sd.gov/Assessment/
 - Reading Passages (Gr 6-11) or
 - Reading Passages (Gr 3-5)

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Supports vs Accommodations

Support	Accommodation
Text-to-Speech (TTS) ELA – Items (Support) ELA-PT – Stimuli and Items (Support) Math – Stimuli and Items (Support)	Text-to-Speech (TTS) ELA – Passages (Accommodation)
Read Aloud	Read Aloud
ELA – Items (Support)	 ELA – Passages (Accommodation)
ELA-PT – Stimuli and Items (Support)	
Math – Stimuli and Items (Support	

Form needed for Reading Passages accommodations only.

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Text-to-Speech vs Read Aloud

Either/or NOT both for State Assessment

- Text-to-Speech
 - Computer reads information to student
 - Student needs headset of some sort
 - Students get information the same way
 - More secured testing environment
 - Student is more independent

- Read Aloud
 - Read by a trained certified staff
 - One-on-one administration
 - Less secure
 - Student depends on someone else

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Non-embedded Accommodations for Smarter Balanced

- Set in TIDE by SD DOE
- · Following information needed
 - Student name or SIMS number
 - Grade
 - Non-embedded accommodation needed
 - Area needed in (Math, ELA, and/or ELA-PT)
- · Send in email
 - Can be a word document, excel spreadsheet, or just in the body of the email.
- May take up to a week or so to set depending on number of requests made
- Send requests to Beth.Schiltz@state.sd.us
- If you have sent in and not received a response from me, please email me again

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Non-embedded Accommodation

- 100s Number Table
- Abacus
- Alternate Response Options
- Braille
- Calculator for Braille or Talking Calculator
- · Multiplication Table

- · Print on Demand
- Read Aloud for Reading Passages
- Scribe for Writing Items
- · Speech-to-Text
- · Word Prediction

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Simplified Directions Designated Support for SBAC

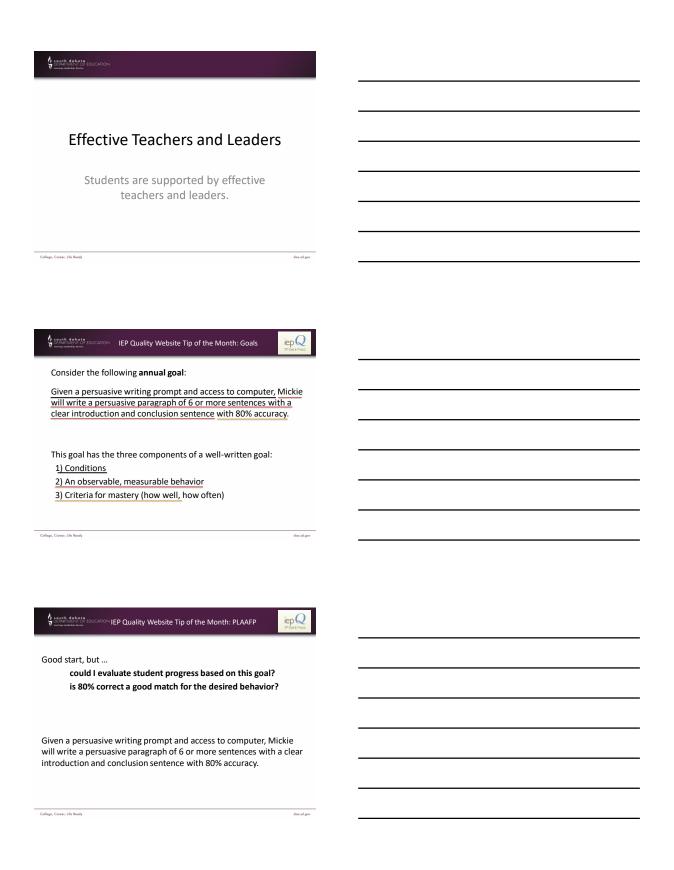
• Information about simplified test directions can be found at

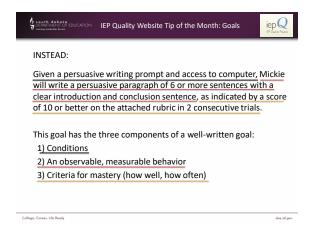
https://sd.portal.airast.org/resources/operational-assessments-sdsba-ta/

Simplified directions is **NOT** simplifying the test questions.

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THE STATE OF THE S
January Behavior Tip: Teaching the
Behavior We Want to See
"If a child doesn't know how to read, we teach."
"If a child doesn't know how to swim, we teach."
"If a child doesn't know how to multiply, we teach."
"If a child doesn't know how to drive, we teach."
"If a child doesn't know how to behave, weteach?punish?"
"Why can't we finish the last sentence as automatically as we do the others?"
(Herner, 1998)
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SOUTH daketa DEPARTMENT OF EDUCATION Listening Standards, Standard		
They sho	uld know this	already!
Ві	ut they DON'	Τ!

A seath delection of EDUCATION

Behavior is learned

 Students learn any behavior in the same way they learn to read – through instruction/modeling, practice, feedback, and encouragement.

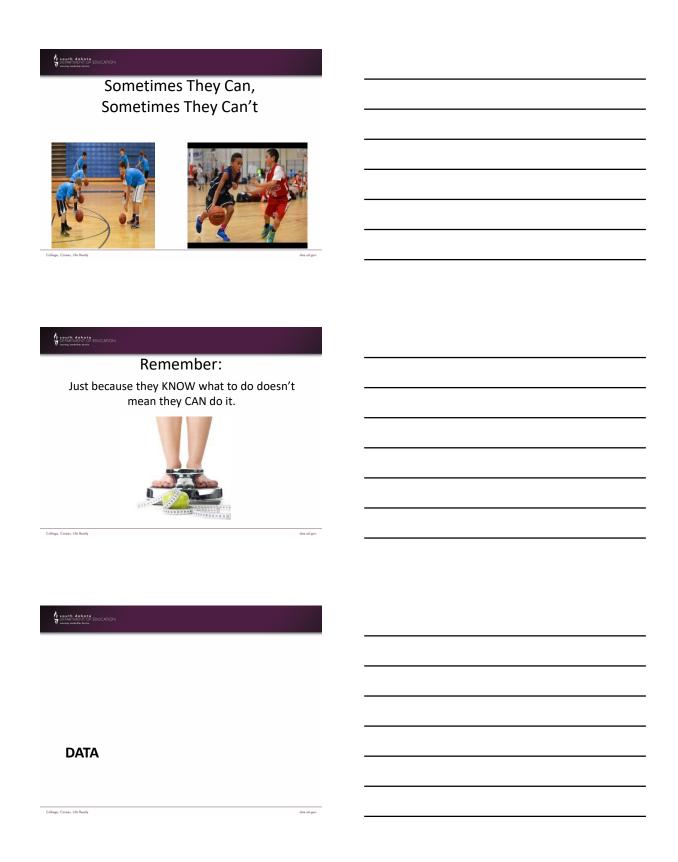




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2018 Child Count

- As of yesterday 40 districts have NOT submitted their child count data.
- The deadline to submit is Friday, January 18, 2019.
- Please remember after you upload your file you need to go to the "cc submission" tab, type your name and title and click submit.

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2018 Child Count

Make sure if changes are made to the Special Education record of a student in Infinite Campus the previous SE record needs to be ended (typically that end date is the day before the start of the new SE record).

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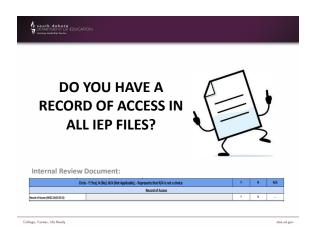
2018 Child Count- Final Certification

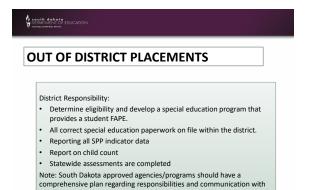
SPED Directors and superintendents will received an email from the department around 01/28. This email is to let districts know that it is now time for the superintendent to "certify" the child count.

- Log into Child Count using the SE login and password (superintendents are NOT provided with new logins and passwords) Click on Action
- Click on Final Certification
- Enter Name, Title and the date will populate for you
- Click on SUBMIT
- You may also PRINT this certification for your files.

Child Outcomes Research shows that children's brains are changing and developing during the early years. For children facing developmental challenges, the first happens before age 5 five years can be especially important. We know if children make good progress in these outcomes, they will be ready to By supporting mastery of these three outcomes, we are helping take the next step. children participate successfully in their homes, communities, and schools. College, Career, Life Ready South daketa Positive Social Emotional Skills o How children relate to those around them---parents, siblings, caregivers, and peers We want children to have warm and nurturing relationships Children need to use many different skills such as communicating, showing emotions properly, and controlling their own behavior o This outcome means different things according to age Preschoolers interact with other children, learn to get along with one another, follow rules and use their expanding communication skills to express their feelings Toddlers are beginning to show awareness of others' feelings, show interest in the play of other children, and show an emerging awareness of what is expected of them while around others For infants, positive relationships mean calming to the touch of a familiar adult, smiling and turning toward a parent's voice, and taking turns in sound play and simple games College, Career, Life Ready Acquiring and Using Knowledge and Skills o How children come to understand their world and acquire the skills they need to be successful in school and beyond Refers to thinking, learning, reasoning, memory, and problem solving skills that expand rapidly during the first 5 years Children acquire general knowledge such as concepts of more/less, colors/shapes, letters, stories, and books and using this knowledge in every day experiences Exploring, investigating, gathering information, making predictions, and hands-on experiences prepares children to be successful learners

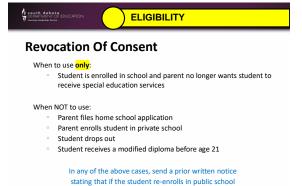






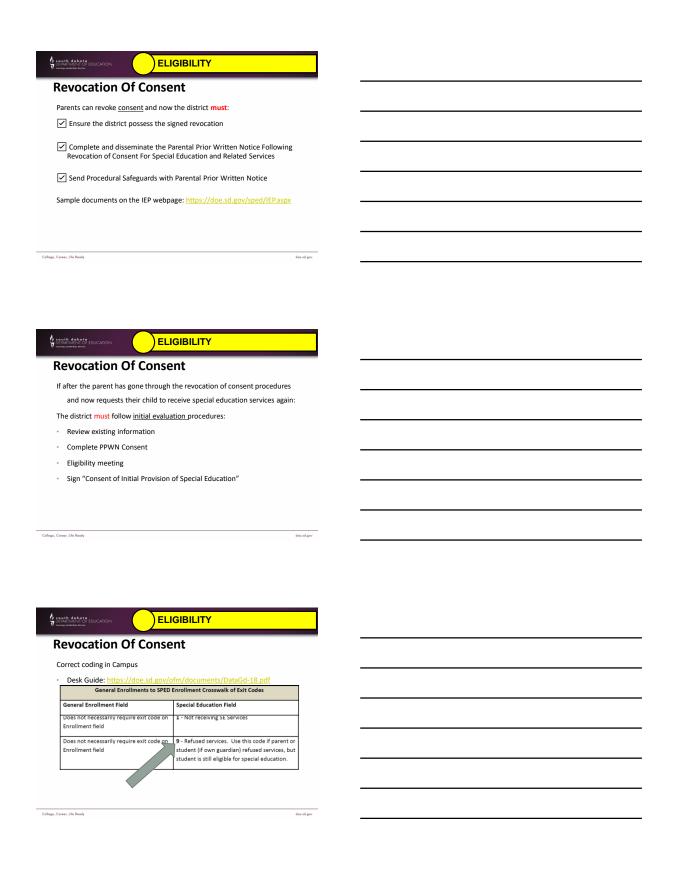
districts.

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he/she would still be eligible for services!

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2019-2020 Accountability Notifications

- 19-20 Accountability review districts and agencies will receive notifications by February 1.
- The list has been updated on the Accountability webpage:

https://doe.sd.gov/sped/accountability.aspx

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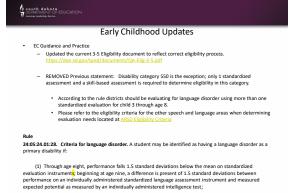


IEP Workshop Input

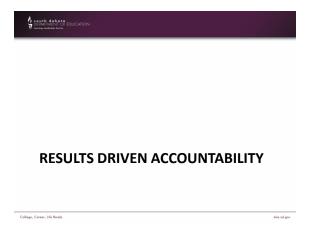
- Public special education directors will receive a request by February 1 to provide input in the location, dates, and types of IEP workshops for the 2019-2020 year.
- It will be sent via email.

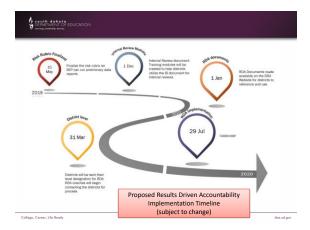
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• Maintain 5 year compliance cycle

- Risk Rubric
 - Identify districts who require most assistance with improving results data for students with disabilities.
 - Calculated yearly
 - Identification in spring yearly

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RDA Levels

Level	Districts in the state who are demonstrating acceptable rates of outcomes for students with disabilities.
Description	
Activities	District assembles an RDA committee that:
	 Reviews data, conducts a root cause analysis, develops an action plan to address local areas of concern (optional);
	 Completes an annual internal review of compliance practices and submits a statement of assurance of completion of the review; and
	Submits a Professional Development Plan to the SD DOE.
Supports	State level supports will be available to review data on results with the district RDA committee and assist
Available	with drilldown, if necessary,

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Level 2: Medium Needs

Districts in the state whose outcomes for students with disabilities may benefit from formal action planning

Description to improve outcomes for students with disabilities. Activities • District assembles an RDA committee that:

- Participates in a data retreat;
- Reviews data, conducts a root cause analysis, and develops an action plan to address local areas of concern (mandatory);
- . Completes an annual internal review of compliance practices and submits a statement of assurance of review completion; and
- Submits a Professional Development Plan to the SD DOE to address identified needs; may be in conjunction with other districts in this cohort with similar needs.

Supports Training through the data retreat and additional supports for data analysis and action plan Available

- development by designated RDA coaches. . On-going consultation with RDA coaches on action plan implementation.
- Professional development/technical assistance activities based on the district's areas of concern.

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